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February 18, 2009    Testimony to: Appropriations Committee re: Department of Social Services and Department of Children and Families budget.

I am speaking today because of my concern that the Department of Social Services will restrict access to very expensive but most effective modern atypical anti-psychotic drugs by requiring prior authorization before they can be dispensed. Prior Auth means a doctor must be called and confirm that no substitute can be used. I am also the mother of a 50 year old son who is afflicted with schizophrenia. Mainly with the help of an atypical antipsychotic and services provided by Bridges in Milford, he is presently living a relatively stable life in the community. Recovery from mental illness is possible for some. Others will never recover beyond a certain point. I speak on behalf of this often forgotten segment of those with mental illness who were afflicted before the advent of these modern medicines. I am also a member of NAMI since its inception and the only member representing the public on the Pharmaceutical and Therapeutics Committee since its inception. I speak as this public member and NOT on behalf of the committee.

The P & T Committee was created to assist the Department of Social Services in devising a formulary for the clients in its care. It consists of fourteen members, doctors of various specialties, aprn nurses and pharmacists. I too, have a scientific background having retired from Yale University after a thirty year career as Research Associate in the Department of Internal Medicine. In my opinion, the committee has served the citizens of Connecticut well. It advises DSS with the utmost professional and thoughtful deliberation; often based on solicited and unsolicited testimony from experts in various practices. It strives to provide a comprehensive formulary while paying attention to the constraints of the DSS budget. It does so under the overarching caveat of the Hippocratic Oath: First, do no harm. To subject this particular group of patients to the rigorous practice of prior authorization for the sake of saving money would be unconscionable, in my view. They often do not have the stamina, wherewithal and supports to negotiate this process.

The special statutory protection given the atypical anti-psychotic came about for a reason. A group of thirty-one patients receiving services as outpatients in a small Connecticut hospital were switched from the brand name to generic Clozapine soon after its appearance on the market. As I recall, approximately 9 of them had to be hospitalized, 8 others went into a back-slide and two others were harmed beyond repair. This protection was accomplished with the help of a state senator, who still serves among you, as a daughter of one of his constituents was in this group.

The methodology of the dispensing of psychotropic drugs is an imperfect science at best. To say that the brain is a complex organ is an understatement. Anyone with an understanding of anatomy and physiology has to wonder why things don't go awry more often. To switch therapies without a controlled environment is dangerous. Further, to say that this class of patients can first be prescribed the

older drugs in use before the atypical anti-psychotics which resulted in devastating side effects; both generic and otherwise, is not only penny wise and pound foolish but possibly mal-practice.

As a family member who has turned the devastation of serious mental illness into a life-time of activism and could only dream of what these modern medicines would achieve, I implore you to do what is right not what is expedient. Do not turn a savings for today into devastation for tomorrow which will surely cost more than you can imagine. Thank you for this opportunity to be heard.